Disbursement Statement (Survival Action)

Client's Name: Tabitha Britt as Personal Representative of the Estate of James C. Britt,

Jr.

In the Matter of: Estate of James C. Britt, Jr. vs. Town of Mount Pleasant

File Number: 20-1010

PERSONAL REPRESENTATIVE FEE: \$100,000.00

GROSS SETTLEMENT AMOUNT: \$1,000,000.00

ATTORNEY'S FEES:

 McLeod Law Group, LLC
 \$240,000.00

 The Steinberg Law Firm, LLP
 \$160,000.00

 TOTAL ATTORNEY'S FEES:
 \$400,000.00

EXPENSES:

McLeod Law Group, LLC \$26,503.33

The Steinberg Law Firm, LLP \$-0-

TOTAL EXPENSES: \$26,503.33

LIENS:

TOTAL LIENS: \$-0-

TOTAL DEDUCTIONS: \$426,503.33 BALANCE DUE TO CLIENT: \$573,496.67

 Tabitha Britt
 \$286,748.33

 L.B., minor child
 \$286,748.341

James C. Bitt, Jr. died intestate. The sole heirs are Tabitha Britt, his spouse, and L.B., his minor child. The Survival Action disbursement will be made pursuant to the South Carolina Probate Code. All funds attributable to the minor, L.B., shall be deposited in an irrevocable trust as set forth in the Petition and Order.

I hereby certify that the above statement is true and correct and I agree to the disbursement of funds therein. I have also been advised that McLeod Law Group, LLC will retain my file for three (3) years after the date it is closed, after which it will be destroyed.

_

¹ The balance due to the minor, L.B., statutory beneficiary of the Estate of James C. Britt, Jr. shall be deposited into an irrevocable trust with Advocacy Trust, LLC and managed by Harbor Financial Group, LLC. The funds will be distributed to Advocacy Trust, Trustee for the Landon James Britt Settlement Trust.

I accept this settlement and acknowledge that I will be responsible for paying any unpaid bills. I realize that if Blue Cross or some other health insurance company, ERISA plan, doctor, Medicare, Medicaid, hospital or other person or entity has a subrogation right on these proceeds that I may have to reimburse some or all of my net proceeds.

un Jaska conto

AGREED TO AND ACCEPTED THIS

day of <u>AUGUS</u>+, 2023

Tabitha Britt, as PR of the Estate of

James C. Britt, Jr.

Disbursement Statement (Wrongful Death Disbursement)

Client's Name: Tabitha Britt as Personal Representative of the Estate of James C. Britt,

Jr., Statutory Beneficiary, Minor Child, L.B.

In the Matter of: Estate of James C. Britt, Jr. vs. Town of Mount Pleasant

File Number: 20-1010

GROSS SETTLEMENT.	AMOUNT:	\$0
ONOSS SETTLEMENT	ANIOUNI.	ΨU

ATTORNEY'S FEES:

McLeod Law Group, LLC	\$0
The Steinberg Law Firm, LLP	\$0
TOTAL ATTORNEY'S FEES:	\$0

EXPENSES:

TOTAL EXPENSES: \$-0-

LIENS:

TOTAL LIENS: \$0

TOTAL DEDUCTIONS: \$0
BALANCE DUE TO CLIENT: \$0

Because there is no conflict among statutory beneficiaries and each beneficiary nets the same amount regardless of allocation between the WD and Survival claims the full amount of the settlement has been allocated to the Survival claims.

James C. Bitt, Jr. died intestate. The sole heirs are Tabitha Britt, his spouse, and L.B., his minor child. The Survival Action disbursement will be made pursuant to the South Carolina Probate Code. All funds attributable to the minor, L.B., shall be deposited in an irrevocable trust as set forth in the Petition and Order.

I hereby certify that the above statement is true and correct and I agree to the disbursement of funds therein. I have also been advised that McLeod Law Group, LLC will retain my file for three (3) years after the date it is closed, after which it will be destroyed.

I accept this settlement and acknowledge that I will be responsible for paying any unpaid bills. I realize that if Blue Cross or some other health insurance company, ERISA plan, doctor, Medicare, Medicaid, hospital or other person or entity has a subrogation right on these proceeds that I may have to reimburse some or all of my net proceeds.

2:21-cv-03770-RMG Date Filed 08/09/23 Entry Number 56-4 Page 4 of 4

__ day of <u>August</u>, 2023

Tabitha Britt, as PR of the Estate of

James C. Britt, Jr.

Mong Dosly Jake Witness